

## Player Waiver, Release of Liability and Indemnification Agreement

I, the undersigned player, acknowledge, agree and understand that:

1. Voluntarily and of my own free will, I elect to participate as a member of the Softball team and league indicated below.
2. I understand that there are certain risks and hazards involved in participation in Softball that may result in injury or death to me or players, including but not limited to those hazards associated with weather conditions, playing conditions, equipment and other participants.
3. I understand that Softball is dangerous to me and to other players and may result in serious injury or death.
4. I understand that the very nature of Softball is hazardous and risky, including, but not limited to, the acts of running, catching, jumping, stretching, sliding, diving, and collisions with other players and with stationary objects, all of which can cause serious injury or death to me and to other players.

Further, I the undersigned player, agree that in consideration for the right to play as member of the team designated below and in considerations for permissions to play on the courts arranged by the team and league.

1. I voluntarily elect to accept and assume all risks of injury incurred or suffered by me (a) while practicing or playing as member of the team so designated, (b) while serving in a non-playing capacity as a team member during practice or play by other teams or other players on my team, and (c) while on or upon the premises of any and all courts arranged for my team or league or practice of play.
2. I will assume all responsibility and obligations for accidents sustained during participation in this program. I will release the Mt. Vernon Parks Board, Department, and all other paid and voluntary personnel associated with this league.

\_\_\_\_\_  
Name of Team

Adult Softball  
Name of League

Park and Recreation  
Facility Owner or Entity

I ACKNOWLEDGE THAT I HAVE READ AND THAT I UNDERSTAND EACH AND EVERY ONE OF THE ABOVE PROVISIONS IN THIS WAIVER, RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT AND AGREE TO ABIDE BY THEM.

	Player Name	Signature/Date	Address	City	ST	Zip	Phone	Player Fee
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